

# **COURSE COORDINATOR MANUAL**



UTAH DEPARTMENT OF HEALTH  
DIVISION OF HEALTH SYSTEMS IMPROVEMENT  
BUREAU OF EMERGENCY MEDICAL SERVICES

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## TABLE OF CONTENTS

Introduction.....	1
Course Documentation and Records.....	4
Course Quality Improvement and Audits.....	8
Minimum Hour Requirements.....	9
Clinical Experience.....	10
Certification Requirements.....	11
Responsibility to the Student.....	12
EMT-Basic.....	16
EMT-Intermediate.....	24
EMT-Intermediate-Advanced.....	26
EMT-Paramedic.....	29
EMD.....	32
CREDIT.....	33
EMS Instructor Certification Requirements.....	34
Course Coordinator Certification Requirements.....	35
Job Description.....	36
Attachment 1 EMT-IA Clinical Requirements Tracking Form.....	40
Administrative Rules, R426-12, Training and Certification.....	43

## INTRODUCTION

The Bureau of Emergency Medical Services is charged with ensuring the quality of pre-hospital emergency medical care. This is accomplished by establishing training standards for EMS personnel with input from the medical community and advisory committees. As the Course Coordinator, you are responsible for conducting each course in accordance with these training standards, and ultimately preparing each student for certification.

This handbook is designed to acquaint a Course Coordinator with the requirements that must be met in order for a course to be approved and recognized by the Bureau. A thorough knowledge of the material contained herein will ensure an organized, high-quality training program.

The last section of this manual contains the Utah Administrative Rules for Training and Certification, R426-12. The Administrative Rules and the Utah EMS Systems Act supercede this manual.

The latest updates can be found at the website:

<http://www.rules.utah.gov/publicat/code/r426/r426.htm>. Select section 12, Training and Certification Standards.

If you have any training and certification questions, please contact the Bureau of EMS at 801-538-6435 and ask for the Standards and Evaluations Program.

## GENERAL STANDARDS FOR COURSE PERSONNEL

1. COURSE COORDINATORS shall not be present during state administered practical or written tests, if their students are being tested.
2. Bureau personnel shall have unconditional access to all educational activities and records described in the Course Coordinator Manual to make audits and inspections of all course records.
3. The Bureau shall be held harmless for negligent acts or omissions of any employees or persons retained by COURSE COORDINATOR.
4. All information regarding students shall be treated as confidential. Publication of any information that would identify an individual is prohibited except upon written consent of that individual.
5. The duties and responsibilities delineated as COURSE COORDINATOR are to be performed personally and shall not be assigned, sublet, or transferred to any other individual or company without a written request made to the Bureau.
6. The COURSE COORDINATOR has no authorization, expressed or implied, to bind the State of Utah or its state agencies to any agreement, settlement, liability, or understanding whatsoever, nor to perform any acts as agent for the State of Utah.
7. COURSE COORDINATORS shall have on file with the Bureau, a written policy reflecting Federal guidelines on the Americans with Disabilities Act and Sexual Harassment. (See Appendix B-Supplemental Materials).
8. The COURSE COORDINATOR will be held accountable for any attempt by individuals

retained by the COURSE COORDINATOR, to compromise the integrity of the state's written or practical testing. The COURSE COORDINATOR is further obligated to notify the Bureau of such attempts.

9. The COURSE COORDINATOR must be certified to the level of the course he/she coordinates.
10. In order for the course to be approved and recognized by the Bureau, each course must have a certified Course Coordinator.
11. The DOT National Standard Curricula and this standard are not open to modification, interpretation, or change without approval from the Bureau, or where applicable, the EMS Committee.
12. The COURSE COORDINATOR shall exceed the standards of practice and conduct in all interactions they are involved with.

## **ORGANIZATION OF THE EMS PROGRAM, AND PERSONNEL SELECTION**

### **Course Medical Director Requirements and Responsibilities:**

The Course Medical Director shall:

1. Be a local medical doctor with emergency medical experience who will act as the ultimate medical authority regarding course content, procedures, and protocols.
2. Assist in recruiting physicians to present materials in class, settle questions of medical protocol, and act as a liaison between the course and the medical community.
3. Approve, along with the Course Coordinator, all Instructors and course personnel.
4. Review the quality of care rendered by the EMS provider in the clinical and field setting.
5. Ensure student completion of competence in the cognitive, affective, and psychomotor objectives, as outlined in the National Standard Curriculum (NSC) and Utah State Bureau of EMS Teaching & Testing Guidelines (TTG).
6. Co-sign all documents recommending or not recommending student for certification.
7. Review all examinations and student remediation activities.
8. Serve as a Primary Instructor as needed.
9. Be present for at least 20 hours of the EMT-Basic course. The Medical Director may designate another doctor in order to provide physician guidance for the 20 hours. In all other courses, contact with the class is required, but a specific amount of contact time is up to the Medical Director and Course Coordinator.

## **Course Coordinator Requirements and Responsibilities**

The Course Coordinator shall:

1. Act as liaison between students, sponsoring agency, local medical community and the Bureau.
2. Assure completion of the course goals, objectives, information, and training standards set forth in the DOT National Standard Curriculum, Course Coordinator Manual, Bureau policies, and administrative rules.
3. Ensure Bureau course standards are met:
  - A. Videos/films shall not be used in lieu of an Instructor, without Bureau approval.
  - B. Class size shall not exceed 36 students.
  - C. A ratio of not more than six students to one EMS Instructor must be maintained during practical sessions.
  - D. Provide adequate physical environment for the success of the overall program to include:
    - (1) Safe and comfortable seating for all students.
    - (2) Adequate space for skills demonstration and practice.
    - (3) Adequate heating/cooling, ventilation, lighting, and rest room facilities.
    - (4) Store and maintain Bureau owned equipment in a secure, clean, dry place. It is recommended that all the required equipment for the program be stored at the teaching facility to assure availability for its use.
4. Ensure that all equipment required for teaching is available and in working condition prior to the start of each class.
5. Ensure all necessary Instructors are present prior to the start of each class.
6. Must be in attendance not less than 70% of all classes for each course.

## **Primary Instructor Requirements and Responsibilities:**

The Primary Instructor shall:

1. Be knowledgeable in all aspects of pre-hospital emergency care, techniques of adult education, and management of resources and personnel.
2. Successfully complete a Bureau approved program in EMS instruction and be currently certified as an EMS Instructor.
3. Be present at most class sessions to assure program continuity.
4. Identify students who have achieved and completed the cognitive, affective, and psychomotor skills necessary to function as an EMS professional.

### **Assistant Instructor(s) Requirements and Responsibilities:**

The Assistant Instructor shall:

1. Assists the primary instructor with the demonstration
2. Oversee practice designed to develop and evaluate student skill competencies.

### **Practical Instructors Requirements and Responsibilities:**

All instructors evaluating and assisting with practical sessions must be currently certified as EMS instructors and certified to at least the level of the course.

Note: Coordinators may utilize individuals who are knowledgeable in different areas to present lectures and skills; however, **only Bureau certified Instructors are authorized to document successful completion of skills and curriculum objectives on the Practical Training Record.**

## **COURSE DOCUMENTATION AND RECORDS**

### **Course Requests:**

1. Prior to requesting a course, the Course Coordinator is responsible to ensure the Bureau has a current copy of the following policies (All Courses):
  - A. The Course Coordinator's Americans with Disabilities policy.
  - B. The Course Coordinator's harassment policy.
  - C. A completed Course Coordinator Contract.
2. The following documents must be submitted to the Bureau no later than 30 days and no earlier than 90 days prior to the start date of the course (All Courses):
  - A. A course request must be submitted online via the Bureau's Emergency Medical Services Information System (EMSIS). To submit a course request: go to <https://bems.state.ut.us> and log in with your username and password, which has been supplied to you by the Bureau. Click on the top black area on the word "coordinator". A list of words will appear on the left in the red area. Click on "request course" and the course request form will appear on the main page. Complete all information and then click next. The last page is for days and times of the course and selecting a course co-coordinator, if desired. Once all the information is completed, click the "finish" button.
  - B. A State equipment rental request (if state rental equipment is needed).

- C. A course schedule listing subject, National Standard Curriculum Module and Objective, date, time, instructors, breakdown of instructional hours, and location of the class.
  - D. A course request fee in the form of check, money order, or a hard copy purchase order must be submitted to the Bureau. Fee schedules for course requests can be obtained from the Bureau. Only governmental agencies may submit purchase orders.
3. The following must be submitted at the time of course request (for IA Courses only).
- A. Affiliation agreement(s) with the sponsoring institution must include all memorandums of understanding(s), articulation agreement(s), etc.
  - B. Copies of agreements with all agencies, organizations, and facilities where the students will perform clinical and field rotations.
  - C. Provide a schedule and description of when and where all clinical and field requirements will be fulfilled.
  - D. The preceptor training plan for preceptors who evaluate EMT-IA students.
  - E. Statement from the institution giving the Bureau or assigned representative full access to records, facilities, and students, with or without notification for inspection purposes, site visits, and other requirements by the Bureau.
  - F. Submit all written evaluations that will be given in the course, and show that all objectives of the EMT-IA curriculum are met.
  - G. Submit evaluations of techniques reflecting how the affective and psychomotor domains will be evaluated.
  - H. Statement from the Course Coordinator that they will adhere to all policies and procedures in the EMT-IA Course Management Manual.
4. Adhere to the policies and procedures in the Utah Paramedic Training Program Accreditation Standards Manual. (For Paramedic Courses Only)

**After the Start of the Course:**

1. Within five working days after the course starting date:
- A. Ensure applications are filled out completely, signed by the students, notarized, and criminal histories are documented on the back of the application form.
  - B. Students with criminal histories should be encouraged to contact the Bureau before starting a course, to determine if criminal history is such that it would disqualify the student from certifying.

Note: Criminal histories are a confidential record and the Course Coordinator may be held liable for any breach of confidentiality of a student's criminal records.

- C. Finger print cards are submitted with the application for any student who needs an FBI background check.
- D. Return completed original applications to the Bureau. Copies will not be accepted.
- E. Include one photo, minimum of 1 7/8" x 1 1/8", maximum of 1 1/4" x 1/2".
- F. Submit all test and certification fees with the application.
- G. Attach a completed, signed and notarized Declaration of Understanding.
  - 1) The Course Coordinator must notify any student who may qualify under the Americans with Disabilities Act (ADA) at the beginning of the course, that the student may complete the course and may be certified depending on their ability to perform the essential functions of the position.
  - 2) If a student has a disability requiring special accommodations, they must submit in writing to the Bureau, a request for specific accommodations. Requests for accommodation must be submitted to the Bureau within the first two weeks of the course.
- H. Submit a complete, signed, and witnessed Student Acknowledgment of Bureau Policies.
- I. Ensure students who wish to apply for certification will be at least 18 years of age within 90 days of the completion of the course (EMT-B Course only).
- J. Any missing items may be grounds to return all students applications.
- K. All students will have a TB test completed. Results to be submitted to the Bureau, and any positive tests must be seen by a medical doctor. (All but EMD)
- 2. All changes to the course schedule, including dates, topics, locations, and instructors, must be submitted to the Bureau within three working days of the decision to alter the schedule and prior to the date of the proposed change. (All)

### **At the Completion of the Course:**

Within five working days after the course ends and **prior** to students being allowed to test, the course coordinator must submit to the Bureau:

- 1. A roster of all EMS Instructors, stating full name and EMS number with the number of hours, subject(s), and date taught.
- 2. A Bureau-approved letter of recommendation signed by the Course Coordinator and Medical Director verifying completion of the course with the name of each student being recommended for certification. These documents state that you and the medical director



have, through personal attestation, verified that the individual has:

- A. Demonstrated that they can perform, with competence required by the level of certification, the practical skills listed in the curriculum objectives and the Teaching and Testing Guidelines,
- B. Completed required clinical training,
- C. Completed the required hours of instruction, and
- D. Completed all of the requirements of DOT National Standard Curriculum as adopted and Bureau policies.

Note: Even though a student has completed a course of instruction the Bureau reserves the right to deny certification for good cause.

- 3. The final course schedule including all revisions and showing how the actual course was conducted.
- 4. All fees for student materials and equipment provided by the Bureau.
- 5. Return or replace all including lost, stolen, or damaged Bureau owned equipment rented by the Course Coordinator.
- 6. The Course Coordinator must also submit documentation for each student that will not be recommended for certification and explain why the student is not being recommended. This will be on a separate letter than the non- recommendation form.
- 7. All courses approved must have verification that all students have obtained a TB test. Course Coordinators will maintain the results of the TB tests for the same amount of time they are required to maintain all other course records. A medical doctor must see any person that tests positive.

### **Retention of Records:**

The course coordinator must maintain the following records for a period of seven years:

- 1. A copy of the student's application form (original must be submitted to the Bureau).
- 2. A copy of the student's Declaration of Understanding.
- 3. A copy of the Student Acknowledgement of Bureau Policies and Procedures.
- 4. Records of daily student attendance and performance for each lesson. This should include comments, as appropriate, regarding the need for: improvement of skills, knowledge, attitude, or personal habits. Attendance forms should include date, total hours, subject, Modules and Objectives covered and Instructors.
- 5. Results and content of evaluation and counseling sessions, including remediation forms as

necessary.

6. Grades for each written examination and completed checklists for each skill evaluation.
7. Practical Training Record forms for each student, indicating all training has been completed and the student has demonstrated proficiency in all the skills required by the Bureau Teaching and Testing Guidelines and the objectives of the National Standard Curriculum.
- 8.. Instructor performance evaluations from the Course Coordinator and quality improvement surveys from the students for each instructor
9. Document that each student completed the required clinical experience (see clinical requirements).
10. Description of the clinical (Hospital field experience) and field rotations (ambulance field experience).
11. Anything sent to the BEMS.

## **COURSE QUALITY IMPROVEMENT AND AUDITS**

There is a distinction between Quality Improvement and Audits. Quality Improvement is a means to improve the program's effectiveness in providing a sound educational experience. Audits are a detailed inspection of the program's record keeping. Quality Improvement can be a collaborative effort between the Course Coordinator and BEMS to improve the educational program. Course audits are an inspection conducted by BEMS to ensure proper record keeping.

### **Quality Improvement**

Quality Improvement is the means to improve the course coordinator's program(s) through various processes. The goal is to improve the effectiveness and efficiency of the program(s), which, in turn help to ensure better courses. The program staff should evaluate the program's effectiveness once a course is completed. This evaluation should also include the student's point of view. This can be obtained by post program evaluation surveys. To evaluate the program's effectiveness the staff should ask the following questions:

- Did the program conform to the course design?
- Were the resources adequate?
- Were the skills labs effective?
- Did the guest speakers provide valuable information?
- Were the instructors effective in delivering the material?
- Can other instructional methods be incorporated in future courses?
- What were the participants' comments?
- How could the course be improved?
- Was the course cost effective?

At the end of the program a meeting should take place and be attended by all faculty members to determine if the course met the desired goals. Items reviewed should include content design, measurements, course completion criteria, and participant comments. When this process has been

accomplished, adjustments may be indicated for future programs.

The Bureau can assist the Course Coordinator with the Quality Improvement process in the following ways:

1. Helping the Course Coordinator assess the validity and reliability of written and practical evaluations used in the course(s).
2. Assist in the starting of a self-study, a thorough analysis of all functions of the program
3. Instructor development processes.
4. Application of technology in the classroom.

These are just a few areas in which the Bureau can assist. The Quality Improvement process can be conducted without any support or direction from the Bureau.

### **Audits**

The course audit process is to ensure all records for the course are maintained by the Course Coordinator and that they are accurate and in compliance with the requirements in this document, Bureau policies, administrative rules, and the EMS Systems Act. This is a detailed inspection of all records for a course or several courses. The main emphasis is to ensure correct and accurate documentation of course records. The audit will not be conducted in conjunction with quality improvement assistance.

### **MINIMUM HOUR REQUIREMENTS:**

1. EMT-Basic
  - a. 120 hours of classroom instruction and practical lab time.
  - b. 10 hours of clinical experience.
2. EMT-Intermediate - 54 hours of classroom instruction and practical lab time.
3. EMT-Intermediate Advanced
  - a. Classroom instruction and practical lab time sufficient to ensure that students obtain competency in all of the objectives of the DOT National Standard Curriculum EMT-Intermediate.
  - b. Clinical experience requirements as outlined in the EMT-IA Curriculum.
4. Paramedic
  - a. 610 hours of classroom instruction and practical lab time.
  - b. 596 hours of clinical and field experience as outlined in the paramedic Curriculum.
5. EMD
  - a. 24 hours of classroom instruction and practical lab time.

## CLINICAL EXPERIENCE

The Bureau has been requested by both hospital and ambulance services to inform you of their requirements and standards. The Bureau has in turn advised all agencies to send students home if they do not meet the agency standards or are not properly clean and appropriately dressed and follow the following procedures:

1. The student must wear appropriate clothing for a health care environment. This means clean, odor free, intact (not ripped or torn), and comfortable clothing. No dirty or worn jeans, shorts, tennis shoes, sandals, T-shirts, or clothing with anything offensive on it.
2. The student should be clean-shaven or if they have a beard it should be neatly trimmed. Long hair should be fastened back. The Course Coordinator must contact the facilities that his/her students will be working in and find out the particulars of their dress code and forward that information to the students.
3. The Course Coordinator will be responsible to ensure the students have received adequate training in Body Substance Isolation to assure their safety in the clinical environment. The Course Coordinator must have a written plan for students to follow in the event of contamination or exposure. This may be accomplished through an agreement with the clinical agency.
4. The students must wear an identification badge, have a pen and a watch, and bring their Practical Training Record Form to be signed by clinical personnel.
5. Clinical/field rotations: EMS trainees must have patient interactions in an actual working environment.
  - A. The student should assess and develop a treatment plan by each level of course listed below:
    - 1) EMT-Basic: a minimum of five patients as part of the 10 hours of clinical time.
    - 2) EMT-Intermediate: has no requirement.
    - 3) EMT-Intermediate Advanced: as indicated in the clinical requirements tracking form (attachment 1).
    - 4) Paramedic: as indicated in the paramedic program guide.
    - 5) EMD: has no patient assessment requirement.
  - B. The student should record the patient history and assessment on a Pre-hospital Incident Report form just as if he/she were interacting with the patient in a field setting.
  - C. The primary instructor should then review the Pre-hospital Incident Report form to assure competent documentation practices in accordance with the minimum data set.
  - D. Regardless of the clinical educational system, the program must establish a feedback system to assure that students have acted safely and professionally during their training. Students should be graded.
  - E. Remediation and re-education should be provided for students reported to have

difficulty in the clinical or field setting. Students are required to repeat clinical or field experiences until they are competent in the goals established by the Course Coordinator.

- F. If the Course Coordinator cannot obtain a field or clinical rotation schedule, they must notify the Bureau for options. The Course Coordinator must also submit written documentation of attempts made to obtain clinical or field rotation.

## CERTIFICATION REQUIREMENTS

1. Submit completed application form and pass background check.
2. Submit completed Declaration of Understanding and meet requirements.
3. Submit all certification, testing, and retesting fees.
4. Successfully complete the EMS certification course and receive a recommendation for certification from the Course Coordinator and Course Medical Director.
5. Successfully complete the **written exam**. The written exam is taken on a computer. Tests for all levels are made up of multiple-choice questions. There is a time limit to complete the test. The number of questions for each certification level and the time limit are listed below:

Test Type	# Questions	Time Allotment
EMT Basic	100 Questions	2 hours
EMT-Intermediate	150 Questions	3 hours
EMT-Intermediate Advanced	175 Questions	3.5 hours
Paramedic	200 Questions	4 hours
EMD	40 Questions	1 hour

6. Successfully complete the practical examination, if applicable. The Bureau Test Team administers the practical test. Each certification level and its components are listed below:

Test Type	Test Comprised of:
EMT Basic	One Scenario and One Skill
EMT-Intermediate	No practical test is required
EMT-Intermediate Advanced	Two Scenarios
Paramedic	Three Scenarios
EMD	No practical test is required

7. Test results will be sent by mail after the tests have been graded and when all course fees and required records are submitted to the Bureau. Test results will not be given over the telephone. Please advise students not to call the Bureau, as it may result in test results being delayed.
8. Students will have three chances to successfully complete the written and practical testing. If retesting is necessary, the student must make arrangements with the Bureau to schedule another test. The written computer tests may be taken at specified locations by appointment. The practical test is scheduled for specific test sites. The student will be required to submit additional test fees prior to scheduling the retest.
9. All course requirements and testing must be completed within 90 days of the course completion date. Any delay will be cause for the student to be denied state certification.

## RESPONSIBILITY TO THE STUDENT

The Course Coordinator will:

1. Provide each student with the following items:
  - a. Bureau Teaching and Testing Guidelines.
  - b. Bureau Student Handbook.
  - c. Appropriate National Standard Curriculum (recommended).
  - d. .A Bureau approved textbook (recommended).
  - e. A workbook or study guide that coincides with the textbook (recommended).
  - f. I.D. badge for clinical or field experience (required for clinical).
  - g. Letter(s) of Indemnification for each student to those agencies requiring such protection, i.e. hospitals, ambulances, rescue services, etc.

- h. Bandage Packets – two-Kerlix, two-triangle bandages, six-4 x 4's, and gloves.
  - i. ADA policies.
  - j. Harassment policies.
- 2. Ensure that the student understands the Bureau's certification policies and requirements. The student must sign the Student Acknowledgement form. It covers:
  - a. Course attendance requirements.
  - b. Application requirements and background checks.
  - c. ADA policies and Declaration of Understanding.
  - d. Fee requirements.
  - e. Testing requirements and procedures.
  - f. 90 day rule.
  - g. No show at test sites.
- 3. Provide remediation to each student who is not achieving a set level of performance before moving on to another section of the course. A remediation form must be documented by an instructor for any student needing improvement and maintained by the Course Coordinator.
- 4. Ensure all Bureau required documentation and tasks are completed within the time lines outlined in this handbook to prevent unnecessary delays in the student's test and certification schedule.
- 5. Ensure all students are familiar with, and know how to obtain copies of, the DOT National Standard Curriculum.
- 6. Ensure that students have successfully completed all skills, objectives, and required class time, as outlined in the NSC, Teaching and Testing Protocols, and this handbook.
- 7. Ensure all students are thoroughly informed of all of the Bureau testing and certification policies and procedures contained in this handbook.

## STUDENT EXPECTATIONS

This training program is detailed and exacting. The EMS provider is an important, recognized part of the medical team. The standards are high to maintain the respected position on the medical team and in the community. To become a fully certified EMS provider, it will be necessary for the student to comply with certain requirements. These requirements are as follows:

- 1. **Attendance.** Students will be required to attend all scheduled classes. If for some reason the student is unable to attend a class (illness, etc.), they must make arrangements with the Course Coordinator to make up the time and material missed.

2. **Documentation.** Students are required to submit a complete Bureau of EMS application form. Only original copies of the application will be accepted. Students must submit a complete Declaration of Understanding with their application.
3. **Class Participation.** Students will be evaluated by the instructors, Course Coordinator, and Medical Director during the course, in such areas as dependability, attitude, maturity, the ability to relate well with others, and ability to achieve acceptable performance levels. Remediation will be provided by the Course Coordinator or instructors for students having difficulties in any area of the course.
4. **Identification.** Students will be provided with an identification badge. The badge must be worn at all times, especially during the clinical and field portion of the course.
5. **Practical Training Record Form.** At the beginning of the course the students will be given a Practical Training Record, which must be signed off by the instructors and clinical personnel during each phase of the training. This completed record must be returned to the Course Coordinator, who will maintain them for at least seven years.
6. **Clinical Experience.** The student will be required to complete clinical education as previously discussed. Completion of an Incident Report Form, filled out as if they were practicing in the field. This is accomplished in a hospital and/or ambulance setting. Please make every possible attempt to appear at the scheduled times. If for some reason the student is unable to attend, they should contact the Course Coordinator as soon as possible.
7. **Recommendation for Certification.** Both the Course Coordinator and the Medical Director must concur that the student has met course completion requirements specified in the National Standard Curriculum, the Teaching and Testing Guidelines, and this manual and verify in a letter of recommendation to the Bureau.
8. **Written Test.** At the conclusion of the course, the student must successfully complete a state administered test on a computer. It is graded on a pass-fail basis (percentage scores are not available). The student will be allowed only three attempts to pass this test.
9. **Practical Examination.** A practical examination consisting of a scenario and a skill test will be administered by the state Test Team. This examination is also administered on a pass-fail basis. Students must be encouraged to attend the test date and time that is scheduled for the class. If a student is unable to attend the scheduled date, the student must contact the Bureau to reschedule their test. Students must be made aware that the testing process will take most of the day and they should not make any other plans i.e. work, school, etc on the day of the test. The student must bring a watch and picture identification to the test. Students without picture identification will not be allowed to test. The Bureau must receive all fees and required documents prior to Thursday of the scheduled test date or the student(s) will not be allowed to test.

Please tell students NOT to arrive any earlier than the time scheduled for testing, as they will not be able to sign in until the appropriate time.

If a student fails any part of the practical exam, it will only be necessary for him/her to re-test on the part of the practical exam that was failed. The student must contact the Bureau to schedule a retest and pay required fees by the Tuesday prior to the desired test date. The



student must pay required fees at the Bureau and bring picture identification and a copy of their fail letter to the test site in order to retest. Students will be allowed only three attempts to pass this test.

If a student wishes to dispute their test results, he/she must submit a letter to the Bureau explaining in detail and providing specific examples why they are disputing the results. Test results will not be discussed over the phone; all requests must be in writing.

10. **State Certification.** State certification may be issued upon successful completion of all the above listed requirements. These requirements must be met within 90 days of the completion of the course. It takes approximately three weeks following testing for the results to be processed and the student to receive their certification in the mail. Students will receive a state certificate, identification card, patch and decal.

## **EMT-BASIC: COURSE GOALS**

This Course Coordinator's guide has been designed and developed to assist Course Coordinators, Instructors, and others in planning, managing and instructing the Emergency Medical Technician-Basic (EMT-B) course. The Basic course is a minimum of 120 hours in length. There are 46 lessons in the core curriculum. In addition to the required 120 hours of instruction, this course requires that the student have patient interactions in a clinical setting.

After successful completion of the program, the student will be able to perform the following functions at the minimum entry level:

1. Recognize the nature and seriousness of the patient's condition or extent of injuries and be able to assess requirements for emergency medical care;
2. Administer appropriate emergency medical care based on assessment findings of the patient's condition;
3. Lift, move, position and otherwise handle the patient to minimize discomfort and prevent further injury;
4. Perform triage at a mass casualty incident, and,
5. Perform the expectations of the job description safely and effectively.

The entire curriculum is supported by continuing education, which is designed to reflect two primary goals. First, during the instruction of the EMT-B, additional continuing education in related content may be provided. Secondly, continuing education is an integral component of any educational process and the EMT-B should be committed to a process of life-long learning.

## **EMT-BASIC: COURSE PREREQUISITES**

Each student must be CPR certified before the course begins. The following options can be utilized to accomplish this requirement:

1. Assure that the EMT-B candidates have a current CPR card prior to entering the program.
2. Offer programs of CPR prior to the start of the EMT-B program.
3. Establish a time prior to the beginning of the EMT-B program and require all students seeking to enter the EMT-B program to participate in the CPR class.

Acceptable certifications include:

1. American Heart Association - Health Care Provider
2. American Red Cross - Professional Rescuer
3. National Safety Council Certification
4. American Safety and Health Institute (ASHI)
5. Any equivalent program approved by the Bureau of EMS

Although CPR training is a prerequisite, it should be routinely practiced and integrated throughout the entire instruction of the EMT-B Course.

EMT-BASIC COURSE OUTLINE		
Module and Topic		Required Hours
<b>Module 1 Preparatory</b>		
1-1	Introduction to Emergency Medical Care	1.5
1-2	Well-being of the EMT	1.5
1-3	Medical/Legal-Ethical Issues	1.5
*	DNR Regulations	1
1-4	Human Body	2.5
1-5	Baseline Vital Signs and Sample History	2
1-6	Lifting and Moving Patients	3
1-7	Evaluation: Preparatory Module	1
<b>Module 2 Airway</b>		
2-1	Airway	4
2-2	Practical Skills Lab: Airway	2
2-3	Evaluation: Airway Module	1
<b>Module 3 Patient Assessment</b>		
3-1	Scene Size-Up	.5
3-2	Initial Assessment	1
3-3	Focused History and Physical Exam--Trauma	4
3-4	Focused History and Physical Exam--Medical	2
3-5	Detailed Physical Exam	1
3-6	Ongoing Assessment	1
3-7	Communication	1
*	CISD	2
3-8	Documentation and Pre-hospital Care Report	1.5
3-9	Practical Skills Lab: Patient Assessment	8
3-10	Evaluation: Patient Assessment Module	1
<b>Module 4 Medical/Behavioral Emergencies and Obstetrics/Gynecology</b>		
4-1	General Pharmacology	1
4-2	Respiratory Emergencies	2.5
4-3	Cardiovascular Emergencies	7
4-4	Diabetic Emergencies	2

4-5	Allergies	2
4-6	Poisoning/Overdose	2
4-7	Environmental Emergencies	2
4-8	Behavioral Emergencies	1.5
4-9	Obstetrics	2
4-10	Practical Skills: Medical/Behavioral/Obstetrics	8
4-11	Evaluation: Medical/Behavioral/Obstetrics	1
<b>Module 5 Trauma</b>		
5-1	Bleeding and Shock	2
5-2	Soft Tissue Injuries	2
5-3	Musculoskeletal Injuries	4
5-4	Injuries to the Head and Spine	4
5-5	Practical Skills Lab: Trauma	6
5-6	Evaluation: Trauma	1
<b>Module 6 Infants and Children</b>		
6-1	Infants and Children	3
6-2	Practical Skills Lab: Infants and Children	3
*	Pediatric Immobilization Practice	1
6-3	Evaluation: Infants and Children	1
<b>Module 7 Operations</b>		
7-1	Ambulance Operations	1
7-2	Gaining Access	1
7-3	Overviews	2
7-4	Evaluation: Operations	1
*	Hazardous Materials	4
*	Triage	2
<b>Final Written Evaluation</b>		2
<b>Final Practical Evaluation</b>		5
<b>TOTAL COURSE HOURS</b>		<b>120</b>
<b>Clinical and Field</b>		10
<b>TOTAL MINIMUM HOURS</b>		<b>130</b>

\*These subjects are in addition to the National DOT Guidelines and are mandatory for Utah classes.

# EMT-BASIC: COURSE CONTENT

## MODULE 1 – PREPARATORY

### **Lesson 1-1 Introduction to Emergency Medical Care**

Familiarizes the EMT-B candidate with the introductory aspects of emergency medical care. Topics addressed include the Emergency Medical Services system, roles and responsibilities of the EMT-B, quality improvement, and medical direction.

### **Lesson 1-2 Well-Being of the EMT-Basic**

Addresses the emotional aspects of emergency care, stress management, introduction to Critical Incident Stress Debriefing (CISD), scene safety, body substance isolation (BSI), personal protective equipment (PPE), and safety precautions that can be taken prior to performing the role of an EMT-B.

### **Lesson 1-3\* Medical/Legal and Ethical Issues**

Explores the scope of practice, ethical responsibilities, advanced directives, consent, refusals, abandonment, negligence, duty to act, confidentiality, and special situations such as organ donors and crime scenes. Medical/legal and ethical issues are vital elements of the EMT-Bs daily life.

### **Lesson \* Do-not-resuscitate (DNR)**

This lesson should be designed to address the Utah EMS/DNR Implementation Protocol for Health Care Providers (see Appendix B).

### **Lesson 1-4 The Human Body**

Enhances the EMT-Bs knowledge of the human body. A brief overview of body systems, anatomy, and physiology will be addressed in this session.

### **Lesson 1-5 Baseline Vital Signs and SAMPLE History**

Teaches assessment and recording of patient vital signs and SAMPLE history.

### **Lesson 1-6 Lifting and Moving Patients**

Provides students with knowledge of body mechanics, lifting and carrying techniques, principles of moving patients, and an overview of equipment. Practical skills of lifting and moving will also be developed during this lesson.

### **Lesson 1-7 Evaluation: Preparatory Module**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor, and affective objectives from this module of instruction.

## MODULE 2- AIRWAY

### **Lesson 2-1 Airway**

Teaches airway anatomy and physiology, how to maintain an open airway, pulmonary resuscitation, variations for infants, children, and patients with laryngectomies. The use of airways, suction equipment, oxygen equipment, delivery systems, and resuscitation devices will be discussed in this lesson.

**Lesson 2-2    Practical Skills Lab: Airway**

Provides supervised practice for students to develop the psychomotor skills for airway care. The practical use of airways, suction equipment, oxygen equipment and delivery systems, and resuscitation devices will be practiced in this lesson.

**Lesson 2-3    Evaluation: Airway Module**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

**MODULE 3 - PATIENT ASSESSMENT**

**Lesson 3-1    Scene Size-Up**

Enhance the EMT-Bs ability to evaluate a scene for potential hazards, determine the number of patients, determine if additional help is necessary, and evaluate mechanism of injury or nature of illness. This lesson draws on the knowledge of Lesson 1-2.

**Lesson 3-2    Initial Assessment**

Provides the knowledge and skills to properly perform the initial assessment. In this session, the student will learn about forming a general impression, determining responsiveness, assessment of the airway, breathing, and circulation. Students will also discuss how to determine priorities of patient care.

**Lesson 3-3    Focused History and Physical Exam - Trauma Patients**

Describes and demonstrates the method of assessing traumatic injuries. A rapid approach to the trauma patient will be the focus of this lesson.

**Lesson 3-4    Focused History and Physical Exam - Medical Patients**

Describes and demonstrates the method of assessing patients with medical complaints or signs and symptoms of distress. This lesson will also serve as an introduction to the care of the medical patient.

**Lesson 3-5    Detailed Physical Exam**

Teaches the knowledge and skills required to continue the assessment and treatment of the patient.

**Lesson 3-6    On-Going Assessment**

Stresses the importance of trending, recording changes in the patient's condition, and reassessment of interventions to assure appropriate care.

**Lesson 3-7\*    Communications**

Discusses the components of a communication system, radio communications, communication with medical direction, verbal communication, interpersonal communication, and quality improvement.

**Lesson \*    Communication: CIDS**

This lesson is intended to ensure an understanding and role of the Utah Critical Incident Stress Debriefing (CISD) program (see Appendix B).

**Lesson 3-8 Documentation**

Assists the EMT-B in understanding the components of the written report, special considerations regarding patient refusal, the legal implications of the report, and special reporting situations. Reports are an important aspect of pre-hospital care. This skill will be integrated into all student practices.

**Lesson 3-9 Practical Skills Lab: Patient Assessment**

Integrates the knowledge and skills learned thus far to assure that the student has the knowledge and skills of assessment necessary to continue with the management of patients with medical complaints and traumatic injuries.

**Lesson 3-10 Evaluation: Patient Assessment Module**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

**MODULE 4 - MEDICAL/BEHAVIORAL EMERGENCIES AND OBSTETRICS/GYNECOLOGY****Lesson 4-1 General Pharmacology**

Provides the student with a basic knowledge of pharmacology and provides a foundation for the administration of medications that the EMT-B would be assisting with.

**Lesson 4-2 Respiratory Emergencies**

Reviews components of the lesson on respiratory anatomy and physiology. It will also provide instruction on assessment of respiratory difficulty and emergency medical care of respiratory problems, and the patient assisted administration of prescribed inhalers.

**Lesson 4-3 Cardiovascular Emergencies**

Review of the cardiovascular system, an introduction to the signs and symptoms of cardiovascular disease, administration of a patient's prescribed nitroglycerin, and use of the automated external defibrillator.

**Lesson 4-4 Diabetes/Altered Mental Status**

Review of the signs and symptoms of altered level of consciousness, the emergency medical care of a patient with signs and symptoms of altered mental status with a history of diabetes, and the administration of oral glucose.

**Lesson 4-5 Allergies**

Teaches the student to recognize the signs and symptoms of an allergic reaction and how to assist the patient with a prescribed epinephrine auto-injector.

**Lesson 4-6 Poisoning/Overdose**

Teaches the student to recognize the signs and symptoms of poisoning and overdose. Information on the administration of activated charcoal is also included in this section.

**Lesson 4-7 Environmental Emergencies**

Addresses recognition of the signs and symptoms of heat and cold exposure, as well as the emergency medical care of these conditions. Information on aquatic

emergencies and bites and stings will also be included in this lesson.

**Lesson 4-8 Behavioral Emergencies**

Develops the student's awareness of behavioral emergencies and the management of the disturbed patient.

**Lesson 4-9 Obstetrics/Gynecology**

Reviews the anatomical and physiological changes that occur during pregnancy, demonstrate normal and abnormal deliveries, summarize signs and symptoms of common gynecological emergencies, and neonatal resuscitation.

**Lesson 4-10 Practical Skills Lab: Med/Behavioral/Emergencies and Obstetrics/Gynecology**

Draws on the student's knowledge and skills learned thus far in the didactic portion of this module and applies them to a practical setting. Students will be given the opportunity to assess and treat a variety of patients with various medical complaints.

**Lesson 4-11 Evaluation: Medical/Behavioral Emergencies and Obstetrics/Gynecology**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

**MODULE 5 – TRAUMA**

**Lesson 5-1 Bleeding and Shock**

Reviews the cardiovascular system, describes the care of the patient with internal and external bleeding, signs and symptoms of shock (hypo perfusion), and the emergency medical care of shock.

**Lesson 5-2 Soft Tissue Injuries**

Continues with the information taught in Bleeding and Shock, discussing the anatomy of the skin and management of soft tissue injuries and burns. Techniques of dressing and bandaging wounds will also be taught in this lesson.

**Lesson 5-3 Musculoskeletal Care**

Reviews the anatomy and physiology of the musculoskeletal system, prior to teaching the students recognition of signs and symptoms of a painful, swollen, deformed extremity and splinting of the extremities.

**Lesson 5-4 Injuries to the Head and Spine**

Reviews the anatomy of the nervous system and the skeletal system and injuries to the spine and head, including mechanism of injury, signs and symptoms of injury, and assessment. Emergency medical care, including the use of cervical immobilization devices and short and long backboards will also be discussed and demonstrated by the instructor and students. Other topics include helmet removal and infant and child considerations.

**Lesson 5-5 Practical Skills Lab: Trauma**

Provides practice for the assessment and management of patients with traumatic injuries.



**Lesson 5-6 Evaluation: Trauma Module**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module.

**MODULE 6 - INFANTS AND CHILDREN****Lesson 6-1 Infants and Children**

Present information concerning the developmental and anatomical differences in infants and children; discuss common medical and trauma situations, and address infants and children that are dependent on special technology.

**Lesson 6-2 Practical Skills Lab: Infants and Children**

Provides the EMT-B student the opportunity to interact with infants and children, and practice the knowledge and skills learned thus far concerning this special population.

**Lesson \* Pediatric Immobilization**

Provide specific practice on immobilizing pediatric patients (see Appendix B).

**Lesson 6-3 Evaluation: Infants and Children**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

**MODULE 7 – OPERATIONS****Lesson 7-1 Ambulance Operations**

Presents an overview of the knowledge needed to function in the pre-hospital environment. Topics addressed include responding to a call, emergency vehicle operations, transferring patients, and the phases of an ambulance call.

**Lesson 7-2 Gaining Access**

Provides the EMT-B student with an overview of rescue operations. Topics addressed include roles and responsibilities at a crash scene, equipment, gaining access, and removing the patient.

**Lesson 7-3 Overviews**

Provides the EMT-Basic student with information on hazardous materials, incident management systems, mass casualty situations, and basic triage.

**Lesson 7-4 Evaluation: Operations**

Conduct a written and skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this module of instruction.

**Lesson \* Haz-Mat**

Includes sufficient information of hazardous materials to comply with worker protection standards. A Haz-Mat instructor must teach the class (see Appendix B).

**Lesson\* Triage**

Provides the opportunity for the EMT-Basic student to practice the skills needed to deal with a triage situation (see Appendix B).

### **Final Written Evaluation**

Conduct a written evaluation to determine the student's level of achievement of the cognitive and affective objectives from this course of instruction.

### **Final Practical Evaluation**

Conduct a skills evaluation to determine the student's level of achievement of the cognitive, psychomotor and affective objectives from this course of instruction.

## **UTAH SPECIFIC CONTENT**

10 hours of training have been added to the Utah EMT-B course content since the original adoption of the 1994 Department of Transportation (DOT), National Standard Curricula (NSC) EMT-B. These additional hours were implemented to enhance areas of needed training outside of the original scope of the NSC. Suggested objectives as well as supplemental training information on these subjects have been compiled in Appendix B of the Course Coordinator Manual. This appendix is available on the BEMS web site under Training.

## **EMT-INTERMEDIATE: COURSE GOALS**

Each EMT-Intermediate program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but most use one for clarity. For example, a typical program goal statement might read:

The goal of the EMT-Intermediate education program is to produce competent, entry level EMT-Intermediates to serve in career and volunteer positions within the EMS system.

If the program provided additional training that is clearly not within the definition of the entry level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially the students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

## **EMT-INTERMEDIATE: COURSE PREREQUISITES**

The EMT-Intermediate candidate must be a certified EMT-Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

## EMT-INTERMEDIATE COURSE OUTLINE

Module	Objectives to be included	Topic	Hours
<b>Module 1 Preparatory</b>			
1-1	1-17, 25-53, 55-74	Foundations of the EMT-I	2
1-3	1-13, 16, 18-20	Pharmacology	2
1-4	1-17, 19-23, 26-37, 39-41	Venous Access & Medication Administration	5
<b>Module 2 Airway</b>			
2-1	1-6, 9-20, 22-32, 34-47, 51-60, 63-80, 85-91, 93, 95	Airway	16
<b>Module 3 Patient Assessment</b>			
3-2	1-72 All	Techniques of Physical Exam	1
3-3	1-73 All	Patient Assessment	2
3-5	1-29 All	Communications	2
<b>Module 4 Trauma</b>			
4-2	1-13, 17-49	Hemorrhage and Shock	6
<b>Module 5 Medical</b>			
5-1	1-2, 6-13	Respiratory Emergencies	2
5-2	1-5, 12, 15, 19, 21, 24, 34-38, 40, 42-43	Cardiovascular Emergencies	7
5-3	1-4	Diabetic Emergencies	2
5-4	1-2, 6-7	Allergic Reactions	2
5-5	1-2, 4-7, 10-12, 14-15	Poisoning and Overdose Emergencies	2
<b>Module 6 Special Considerations</b>			
6-3	1-140 All	Pediatrics	3
<b>Final Written Evaluation</b>			*
<b>Final Practical Evaluation</b>			*
<b>TOTAL MINIMUM HOURS</b>			<b>54</b>

\* No Minimum Hour Requirement

## EMT INTERMEDIATE-ADVANCED: COURSE GOALS

Each EMT-Intermediate Advanced program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but most use only one for clarity. For example, a typical program goals statement might read:

The goal of the EMT-Intermediate Advanced Education program is to produce competent, entry-level EMT-Intermediate Advanced to serve in career and volunteer positions within the EMS system.

If the program provides additional training that is clearly not within the definition of the entry-level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

## EMT INTERMEDIATE-ADVANCED: COURSE PREREQUISITES

The EMT-Intermediate Advanced candidate must be a certified EMT-Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

<b>EMT INTERMEDIATE-ADVANCED</b>			
<b>COURSE OUTLINE</b>			
Required hours: Competency Based			
		<b>Suggested Didactic Time (Hours)</b>	<b>Suggested Practical Lab Time (Hours)</b>
<b>Preparatory: Module 1</b>			
1-1	Foundations of the EMT-I	3	
1-2	Overview of Human Systems	6	
1-3	Emergency Pharmacology	12	
1-4	Venous Access and Medication Administration	3	6
<b>Airway: Module 2</b>			
2-1	Airway Management and Ventilation	9	9
<b>Patient Assessment: Module 3</b>			
3-1	History Taking	1	
3-2	Techniques of Physical Examination	3	3

3-3	Patient Assessment	2	6
3-4	Clinical Decision Making	1	
3-5	Communications	1	1
3-6	Documentation	1	1
<b>Trauma: Module 4</b>			
4-1	Trauma Systems and Mechanism of Injury	2	
4-2	Hemorrhage and Shock	2	
4-3	Burns	1	
4-4	Thoracic Trauma	3	
4-5	Practical Laboratory		8
<b>Medical: Module 5</b>			
5-1	Respiratory Emergencies	9	3
5-2	Cardiovascular Emergencies	27	24
5-3	Diabetic Emergencies	2	
5-4	Allergic Reactions	1	
5-5	Poisoning/Overdose Emergencies	1	
5-6	Neurological Emergencies	2	
5-7	Non-Traumatic Abdominal Emergencies	1	
5-8	Environmental Emergencies	2	
5-9	Behavioral Emergencies	1	
5-10	Gynecological Emergencies	2	
<b>Special Considerations: Module 6</b>			
6-1	Obstetrical Emergencies	2	1
6-2	Neonatal Resuscitation	2	2
6-3	Pediatrics	8	4
6-4	Geriatrics	2	
<b>Assessment Based Management: Module 7</b>			
7-1	Assessment Based Management		12
<b>Clinical and Field</b>			
<b>Clinical</b>			<b>50</b>
<b>Field</b>			<b>75</b>

## EMT INTERMEDIATE-ADVANCED: COURSE CONTENT

### **Module 1      Foundations**

At the completion of this module, the EMT-Intermediate Advanced student will understand the roles and responsibilities of a EMT-Intermediate Advanced within an EMS system, apply the basic concepts of anatomy and physiology to the assessment and management of emergency patients, and safely use and administer emergency medications.

### **Module 2      Airway**

At the completion of this module, the EMT-Intermediate Advanced student will be able to establish and/ or maintain a patent airway, oxygenate, and ventilate a patient.

### **Module 3      Patient Assessment**

At the completion of this module, the EMT-Intermediate Advanced student will be able to take a proper history and perform an advanced physical assessment on an emergency patient, and communicate the findings to others.

### **Module 4      Trauma**

At the completion of this module, the EMT-Intermediate Advanced student will be able to utilize the assessment findings to formulate a field impression and implement the treatment plan for the trauma patient.

### **Module 5      Medical Emergencies**

At the completion of this module, the EMT-Intermediate Advanced student will be able to formulate a field impression and implement the treatment plan for the medical patient.

### **Module 6      Special Considerations**

At the completion of this module, the EMT-Intermediate Advanced student will be able to utilize assessment findings to formulate a field impression and implement the treatment plan for obstetric, neonatal, pediatric, and geriatric patients.

### **Module 7      Assessment Based Management**

At the completion of this module, the EMT-Intermediate Advanced student will be able to integrate the principles of assessment based management to perform an appropriate assessment and implement the management plan for patients with common complaints.

## PARAMEDIC: COURSE GOALS

Each Paramedic program should have a program goal. The program goal is a statement of the desired outcome of the program, and typically references graduating competent entry-level providers. By design, program goals are broad based, but establish the parameters by which the effectiveness of the program will be evaluated. A program may have multiple goals, but must use one for clarity. For example, a typical program goal statement might read:

The goal of the Paramedic Education program is to produce competent, entry-level Paramedics to serve in career and volunteer positions within the EMS system

If the program provided additional training that is clearly not within the definition of the entry-level practitioner, then additional information should be included in the goal. Education planning should be based on the program goal, the mission of the sponsoring institution, and the expectations of the health care community. The goal should be made known to all members of the communities of interest, especially students and faculty.

The goal will be used to select appropriate curricular materials, clinical experiences, and many other aspects of program planning.

## PARAMEDIC: COURSE PREREQUISITES

Must be an EMT-Basic for one year. This may be reduced to six months if an agency's medical director requests a waiver due to low staffing.

PARAMEDIC COURSE OUTLINE	
<b>Preparatory: Module 1</b>	
1-1	EMS Systems/Roles and Responsibilities
1-2	The Well-Being of the Paramedic
1-3	Illness and Injury Prevention
1-4	Medical/Legal Issues
1-5	Ethics
1-6	General Principles of Pathophysiology
1-7	Pharmacology
1-8	Venous Access and Medication Administration
1-9	Therapeutic Communications
<b>Airway: Module 2</b>	
2-1	Airway Management and Ventilation

<b>Patient Assessment: Module 3</b>	
3-1	History Taking
3-2	Techniques of Physical Examination
3-3	Patient Assessment
3-4	Clinical Decision Making
3-5	Communications
3-6	Documentation
<b>Trauma: Module 4</b>	
4-1	Trauma Systems and Mechanism of Injury
4-2	Hemorrhage and Shock
4-3	Soft Tissue Trauma
4-4	Burns
4-5	Head and Facial Trauma
4-6	Spinal Trauma
4-7	Thoracic Trauma
4-8	Abdominal Trauma
4-9	Musculoskeletal Trauma
<b>Medical: Module 5</b>	
5-1	Pulmonary
5-2	Cardiology
5-3	Neurology
5-4	Endocrinology
5-5	Allergies and Anaphylaxis
5-6	Gastroenterology
5-7	Renal/Urology
5-8	Toxicology
5-9	Hematology
5-10	Environmental Conditions
5-11	Infectious and Communicable Diseases
5-12	Behavioral/Psychiatric Disorders
5-13	Gynecology
5-14	Obstetrics
<b>Special Considerations: Module 6</b>	
6-1	Neonatology
6-2	Pediatrics
6-3	Geriatrics
6-4	Abuse and Assault



6-5	Patients with Special Challenges
6-6	Acute Interventions for the Chronic Care Patient
<b>Assessment Based Management: Module 7</b>	
7-1	Assessment Based Management
<b>Operations: Module 8</b>	
8-1	Ambulance Operations
8-2	Medical Incident Command
8-3	Rescue Awareness and Operations
8-4	Hazardous Materials Incidents
8-5	Crime Scene Awareness
<b>Clinical and Field</b>	
<b>Didactic</b>	<b>435</b>
<b>Laboratory</b>	<b>175</b>
<b>Clinical</b>	<b>260</b>
<b>Field</b>	<b>336</b>
<b>TOTAL REQUIRED HOURS</b>	<b>1206</b>
<b>PATIENT CONTACTS</b>	
<b>ALS</b>	<b>12</b>
<b>PEDS</b>	<b>12</b>

## EMD: COURSE GOALS

The overall goal of the course curriculum is to ensure that all users possess the baseline knowledge, skills, and abilities to successfully function in the role of an Emergency Medical Dispatcher.

## EMD: COURSE PREREQUISITES

The EMD student must be 18 years old at the time of certification.

<b>EMD COURSE OUTLINE Required Hours</b>		
Section 1	Roles and Responsibilities	1
Section 2	Obtaining Information from Callers	4
Section 3	Resource Allocation	1
Section 4	Providing Emergency Care Instruction	1
Section 5	Legal and Liability Issues	2
Section 6	Critical Incident Stress Management	1.5
Section 7	Basic Emergency Medical Concepts	1.5
Section 8	Design and Structure of EMDPRS	2.5
Section 9	Chief Complaint Types	9.5
<b>TOTAL HOURS</b>		<b>24</b>

Textbook: Utah Revised National Standard Curriculum.

## **OBTAINING CREDIT**

Many of the colleges and universities in Utah may allow EMT-B students to receive college credit for taking the EMT class. Each institution has a unique policy, therefore, it is the student's responsibility to contact the appropriate college or university and confirm the policy procedures. Below is a list of institutions that may offer college credit. Each institution's policies differ and may change at anytime. This list is for reference purposes only.

### **SOUTHERN UTAH UNIVERSITY, Cedar City**

David Nyman  
801-586-1995

### **SALT LAKE COMMUNITY COLLEGE, Salt Lake City**

Beth Hanson  
801-957-3930

### **SNOW COLLEGE, Ephraim**

Ernie Williams  
435-283-7569

### **UNIVERSITY OF UTAH, Salt Lake City**

Les Chatelain  
801-581-4512

### **UTAH VALLEY STATE COLLEGE, Orem**

Bonnie Fehr  
801-863-7734

### **WEBER STATE UNIVERSITY, Ogden**

Kay Van Kampen  
801-626-6521

## **EMS INSTRUCTOR CERTIFICATION REQUIREMENTS**

The candidate for EMS Instructor certification must:

1. Be a certified Utah EMT for at least one year.
2. Submit documentation of 30 hours of patient care.
3. Submit three letters of recommendation, from health care providers, regarding EMS skills and teaching abilities.
4. Submit documentation of 15 hours teaching experience.
5. Have current CPR Instructor certification from a Bureau approved organization.
6. Successfully complete Bureau sponsored EMS Instructor training.

## **EMS INSTRUCTOR RECERTIFICATION REQUIREMENTS**

The requirements for EMS Instructor recertification are as follows:

1. Maintain Utah EMT certification.
2. Submit verification of attendance at a Bureau sponsored Instructor Seminar at least once every two years.
3. Submit verification of 30 hours teaching experience within a certification period.

If the person is going to be teaching EMT-B, EMT-I, EMT-IA, or Paramedic courses, the individual must also submit verification of current CPR Instructor certification. All verification materials must be submitted with recertification documents.

## **COURSE COORDINATOR CERTIFICATION REQUIREMENTS**

EMS courses are complex programs that require a great deal of coordination and record keeping. Therefore anyone serving as a Course Coordinator will be required to meet all of the following requirements:

1. Be an EMS Instructor for at least one year.
2. Be an Instructor of record (either primary or assistant) for at least one EMS course, and:
  - a. Teach a minimum of 15 hours.
  - b. Submit a written evaluation from the Course Coordinator.
3. Co-coordinate at least one EMS course with an approved Course Coordinator. Only one Co-coordinator per course.
4. Successfully complete the New Course Coordinator course sponsored by the Bureau.
5. Receive approval from the Bureau Standards and Evaluations staff.
6. Agree to adhere to Bureau policies and training standards.
7. Submit a signed Course Coordinator Contract
8. The first course coordinated will be a probationary course and will be evaluated for:
  - a. Compliance with Bureau Standards.
  - b. Student performance.

## **COURSE COORDINATOR RECERTIFICATION REQUIREMENTS**

1. Successfully complete requirements for Instructor recertification.
2. Coordinate a minimum of one course every two years.
3. Satisfactory attendance at one Course Coordinator seminar every year.
4. Receive recertification recommendation from the Bureau Standards and Evaluations staff.

## **JOB DESCRIPTION: EMT-BASIC**

Responds to emergency calls to provide efficient and immediate care to the critically ill and injured, and transports the patient to a medical facility.

After receiving the call from the dispatcher, drives the ambulance to address or location given, using the most expeditious route, depending on traffic and weather conditions. Observes traffic ordinances and regulations concerning emergency vehicle operation.

Upon arrival at the scene of crash or illness, parks the ambulance in a safe location to avoid additional injury. Prior to initiating patient care, the EMT-Basic will also size-up the scene to determine that the scene is safe, the mechanism of injury or nature of illness, total number of patients and to request additional help, if necessary. In the absence of law enforcement, creates a safe traffic environment, such as the placement of road flares, removal of debris, and re-direction of traffic for the protection of the injured and those assisting in the care of injured patients.

Determines the nature and extent of illness or injury and establishes priority for required emergency care. Based on assessment findings, renders emergency medical care to adult, infant and child, medical, and trauma patients. Duties include but are not limited to, opening and maintaining an airway, ventilating patients, and cardiopulmonary resuscitation, including use of automated external defibrillators. Provide pre-hospital emergency medical care of simple and multiple system trauma such as controlling hemorrhage, treatment of shock (hypoperfusion), bandaging wounds, immobilization of painful, swollen, and deformed extremities. Medical patients include: Assisting in childbirth, management of respiratory, cardiac, diabetic, allergic, behavioral, and environmental emergencies, and suspected poisonings. Searches for medical identification emblem as a clue in providing emergency care. Additional care is provided based upon assessment of the patient and obtaining historical information. These interventions include assisting patients with prescribed medications, including sublingual nitroglycerin, epinephrine auto-injectors and hand-held aerosol inhalers. The EMT-Basic will, also, be responsible for administration of oxygen, oral glucose and activated charcoal.

Reassures patients and bystanders by working in a confident, efficient manner. Avoids mishandling and undue haste while working expeditiously to accomplish the task.

Where a patient must be extricated from entrapment, assesses the extent of injury and gives all possible emergency care and protection to the entrapped patient and uses the prescribed techniques and appliances for safely removing the patient. If needed, radios the dispatcher for additional help or special rescue and/or utility services. Provides simple rescue service if the ambulance has not been accompanied by a specialized unit. After extrication, provides additional care in triaging the injured in accordance with standard emergency procedures.

Complies with regulations on the handling of the deceased, notifies authorities, and arranges for protection of property and evidence at scene.

Lifts stretcher, placing in ambulance and seeing that the patient and stretcher are secured, continues emergency medical care.

From the knowledge of the condition of the patient and the extent of injuries and the relative locations and staffing of emergency hospital facilities, determines the most appropriate facility to which the patient will be transported, unless otherwise directed by medical direction. Reports directly to the emergency department communications center the nature and extent of injuries, the number being transported, and the destination to assure prompt medical care on arrival. Identifies assessment findings, which may require communications with medical direction for advice and for notification that special professional services and assistance be immediately available upon arrival at the medical facility.

Constantly assesses patient en route to emergency facility, administers additional care as indicated or directed by medical direction.

Assists in lifting and carrying the patient out of the ambulance and into the receiving facility.

Reports verbally and in writing their observation and emergency medical care of the patient at the emergency scene and in transit to the receiving facility staff for purposes of records and diagnostics. Upon request, provides assistance to the receiving facility staff.

After each call, restocks and replaces used linens, blankets and other supplies, cleans all equipment following appropriate disinfecting procedures, makes careful check of all equipment so that the ambulance is ready for the next run. Maintains ambulance in efficient operating condition. In accordance with local, state or federal regulations, decontaminates the interior of the vehicle after transport of patient with contagious infection or hazardous materials exposure.

Determines that vehicle is in proper mechanical condition by checking items required by service management. Maintains familiarity with specialized equipment used by the service.

Attends continuing education and refresher training programs as required by employers, medical direction, licensing or certifying agencies.

Meets qualifications within the Bureau of EMS Functional Position Description

## **JOB DESCRIPTION: EMT-INTERMEDIATE**

EMT-Intermediates have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Intermediates are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates are responsible and accountable to medical direction, the public, and their peers. EMT-Intermediates recognize the importance of research. EMT-Intermediates seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

## **JOB DESCRIPTION: EMT- INTERMEDIATE ADVANCED**

EMT-Intermediates Advanced have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury for emergency patients in the out-of-hospital setting.

EMT-Intermediates Advanced possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. EMT-Intermediates Advanced recognize that they are an essential component of the continuum of care and serve as a link for emergency patients to acute care resources.

The primary roles and responsibilities of EMT-Intermediates Advanced are to maintain high quality, out-of-hospital emergency care. Ancillary roles of the EMT-Intermediate Advanced may include public education and health promotion programs as deemed appropriate by the community.

EMT-Intermediates Advanced are responsible and accountable to medical direction, the public, and their peers. EMT-Intermediates Advanced recognize the importance of research. EMT-Intermediates Advanced seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

## **JOB DESCRIPTION: PARAMEDIC**

Paramedics have fulfilled prescribed requirements by a credentialing agency to practice the art and science of out-of-hospital medicine in conjunction with medical direction. Through performance of assessments and providing medical care, their goal is to prevent and reduce mortality and morbidity due to illness and injury. Paramedics primarily provide care to emergency patients in an out-of-hospital setting.

Paramedics possess the knowledge, skills and attitudes consistent with the expectations of the public and the profession. Paramedics recognize that they are an essential component of the continuum of care and serve as linkages among health resources.

Paramedics strive to maintain high quality, reasonable cost health care by delivering patients directly to appropriate facilities. As an advocate for patients, paramedics seek to be proactive in affecting long term health care by working in conjunction with other provider agencies, networks, and organizations. The emerging roles and responsibilities of the Paramedic include public education, health promotion, and participation in injury and illness prevention programs. As the scope of service continues to expand, the Paramedic will function as a facilitator of access to care, as well as an initial treatment provider.



Paramedics are responsible and accountable to medical direction, the public, and their peers. Paramedics recognize the importance of research and actively participate in the design, development, evaluation and publication of research. Paramedics seek to take part in life-long professional development, peer evaluation, and assume an active role in professional and community organizations.

# EMT-IA Clinical Requirements Tracking Form

Student: \_\_\_\_\_ Course # \_\_\_\_\_

The tracking of all completed clinical requirements are to be kept on this form.

Instructions: Once a clinical or field tracking sheet has been completed and the EMT-IA student has successfully completed the requirement, the course coordinator initials off each box. Each box represents one successful completion. Only the course coordinator can sign off this sheet. The appropriate preceptor completes documentation of successful completion of the requirement. There are various forms for evaluation of the student's clinical experience

The following goals must be successfully accomplished within the context of the learning environment:

Clinical and field experiences should occur after the student has demonstrated competence in skills and knowledge in the didactic and laboratory components of the course. All requirements must be completed on live patients except for the intubation, which can be done on a cadaver. Some categories can be counted more than once. For example, if during the field internship, a student encounters a 68-year old patient with chest pain and starts an IV, the student would obtain credit for the specific complaint, age and skill. The established IV, chest pain assessment and treatment plan must be observed or evaluated and the patient age group credit recorded.

Once all requirements have been fulfilled and the appropriate boxes initialed, the student and the course coordinator should sign the bottom of the form acknowledging the statement.

REQUIREMENT	1	2	3	4	5
Medication Administration via IV (5 patients)					
Medication Administration via SQ (5 patients)					
Medication Administration via IM (5 patients)					
Intubations (5 humans patients may be cadavers)					
IV Related Skills: (8 IV cannulations) (Set-up, Venipuncture technique, and Drip rate)					
IV Related Skills ( continued)					
Ventilations (20 patients)					
Ventilations (continued)					
Ventilations (continued)					
Ventilations (continued)					
<b>Pediatric</b> Patient Assessment (15 pediatric patients)					
Pediatric Assessment (continued)					
Pediatric Assessment (continued)					
Adult Patient Assessment (25 adult patients)					
Adult Assessment (continued)					
Adult Assessment (continued)					
Adult Assessment (continued)					

Adult Assessment (continued)					
Geriatric Patient Assessment (15 geriatric patients)					
Geriatric Assessment (continued)					
Geriatric Assessment (continued)					
Obstetric Patient Assessment (5 obstetric patients)					
Trauma Patient Assessment (15 trauma patients)					
Trauma Assessments (continued).					
Trauma Assessments (continued).					
Psychiatric Patient Assessment (10 psychiatric patients)					
Psychiatric Assessments (continued)					
Cardiac Patient Assessment (15 chest pain patients) (Advanced assessment, formulate and implement a treatment plan)					
Cardiac Assessment (continued)					
Cardiac Assessment (continued)					
Dyspnea Patient Assessment (10 adult patients) (Advanced assessment, formulate and implement a treatment plan on adult patients with dyspnea/respiratory distress)					
Dyspnea/Respiratory Distress Assessment (continued)					
Dyspnea Patient Assessment (4 pediatric patients) (Advanced assessment, formulate and implement a treatment plan on pediatric patients (infant, toddler and school age) with dyspnea/respiratory distress)					
Syncope Patient Assessment (5 syncope patients) (Advanced assessment, formulate and implement a treatment plan on at least 5 patients with syncope)					
Abdominal Complaint Assessment (10 patients) (Advanced assessment, formulate and implement a treatment plan on at least 10 patients with abdominal complaints.)					
Abdominal Complaint Assessments (continued)					
Neurological Patient Assessment (10 patients) (Advanced assessment, formulate and implement a treatment plan on at least 10 patients with neurological complaints.)					
Neurological Complaints Assessments (continued)					
Team Leader (25 pre-hospital emergency responses) (Serve as team leader for at least 25 prehospital emergency responses)					
Team Leader (continued)					
Team Leader (continued)					
Team Leader (continued)					
Team Leader (continued)					
EKG Recognition and Interpretation (15 patients)					
EKG Recognition (continued)					
EKG Recognition (continued)					

The above named student has successfully completed each of the above clinical and field requirements in accordance with the EMT-I 99 National Standard Curriculum, Utah revised and Bureau of Emergency Medical Services policies. He/she has demonstrated knowledge and skill proficiency to me and the preceptors, and meets all other requirements for certification.

\_\_\_\_\_  
Course Coordinator Name (printed)

\_\_\_\_\_  
Course Coordinator Signature

\_\_\_\_\_  
Date

I \_\_\_\_\_, have successfully completed all requirements for the clinical and field experience outlined above. I have received at least an acceptable rating on all of the signed off areas.

A copy of the State Administrative Rule, R426-12, Training and Certification can be found at <http://www.rules.utah.gov/publicat/code/r426/r426-012.htm>. An administrative rule is an agency's written statement that has the *effect of law*. We recommend that you take the time to read through these rules and print a copy to be included in your Course Coordinator Manual